Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	8-4-14	Street:	BROWN STATION WAY AT	
Incident #:	14ISPC006525	Apt, Lot, Room	m#: RANDOLPH AVE	
County :	CLARK	City:	CLARKSVILLE	
Type of Laboratory Seizure (check one) Seizure		Seizure Location	eizure Location (check all that apply)	
☐ Lab Seizu ☐ Chemical ☐ Equipmer ☐ Dumpsite	Seizure at Seizure	Residence Outbuilding Vehicle Other:	☐ Hotel/Motel ☐ Open – No Structure ☐ Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
 ☐ One Pot or Birch Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Flammable Solvents: TRUNK ☐ Water Reactive Metal (Lithium): 		 ☐ Anhydrous Ammonia: ☐ Corrosive Acid: TRUNK ☐ Corrosive Base: TRUNK ☐ Ammonium Nitrate/Sulfate: ☐ Other (item and location): 		
Child under age 18 discovered (check appropriate)				
No	(number present) not present but evidence they reside	unclean Estimated le occurring: _	ength of time manufacturing had been	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:	<u>JENNIFER SMITH</u> <u>1FMYU03183KC34791</u> <u>2003</u>	Make: Model: Color:	FORD ESCAPE GRAY	
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: CLARKSVILLE Fax: 812-282-7619 Health Department County: CLARK CO Fax: EMAILED Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: TOM BASHAM Phone 812-246-5424				
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.				